

Maricopa Integrated Health System Formulary Prior Auth Criteria

DRUG:	SILDENAFIL (Viagra®)
THERAPY:	Erectile dysfunction, impotence
CRITERIA:	<p>A thorough, documented medical evaluation by the patient's FP, IM, etc. that has excluded reversible, treatable medical causes of impotence and meets the exclusions and inclusions criteria below.</p> <p>Impotence for greater than (1) year Inability to obtain vaginal penetration Nocturnal tumescence study confirms impotence Orologic consultation concurs with the use of the drug</p>
EXCLUSIONS:	<ul style="list-style-type: none">• Patients whose erectile dysfunction is due to endocrine abnormalities (e.g., primary hypogonadism, hyperprolactemia associated with a pituitary tumor, pituitary insufficiency)• Patients whose erectile dysfunction has resulted from a medical condition that would predispose to priapism (e.g., sickle cell anemia, multiple myeloma, leukemia)• Patients whose erectile dysfunction has resulted from deformation of the penis (e.g., Peyronie's Disease)• Patients whose erectile dysfunction has resulted from medications such as antihypertensives, opioids, or centrally acting drugs• Patients with hepatic or renal impairment• Patients with concomitant drugs metabolized by the cytochrome P450 isoforms 3A4 and 2C9 (e.g., Nitrates, Amlodipine, Beta blockers, Cimetidine, Diuretics)• Patients with concomitant disease states that may be affected or exacerbated by the drug's side effect profile<ul style="list-style-type: none">* Cardiovascular (e.g., angina, migraine, heart failure, hypertension)* CNS (e.g., vertigo, ataxia, neuralgia, neuropathy, paresthesia, sleep dysfunctions, seizures, tremors, depression, anxiety)* Gastrointestinal (e.g., esophagitis, gastritis)* Metabolic states (e.g., diabetes, gout)* Musculoskeletal (e.g., arthritis, myalgia, myasthenia, bone pain)* Respiratory (e.g., asthma, sinusitis, bronchitis)
INCLUSIONS:	<p>Patients who have had no history of symptomatic cardiovascular disease, such as angina</p> <p>Patients who are not taking organic nitrates or other vasodilators</p> <p>Patients who have had no history of retinitis pigmentosa</p> <p>Patients with documented trial and failures of sufficient duration and dose of non-systemic treatments (e.g., Erect-Aid)</p>
RESTRICTIONS:	<p>MMCS will allow a maximum quantity of 6 tablets per month</p> <p>Only (1) month supply will be provided at any one time</p>

Medical Director: _____
Date _____